## EXHIBIT "A"

STATEMENT OF CLAIM AND NOTICE (GENERAL FORM)	Form #3DC06
In the Small Claims Division of the District Court of the Third Circuit  PUNA  Division	
State of Hawai'i	2014 JUL 16 PK12: 015
Plaintiff(s) DIANNE ESTELLE HENSLEY	
	Reserved for Court Use
	35c 14-7-211
Defendant(s) DOCTOROAKLEY Dr Jeremy Oakley	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable) Address, Telephone and Fax Number. Dianne Estelle Hensley
	P.O. Box 1331
	Pahoa, Hawaii, 96778
	Tel: (808) 200-8972
STATEMEN	I OF CLAIM
Plaintiff alleges as follows:	
l am a resident and/or do business at P.O. Box 1331, Pahoa, Hawaii,	96778
Since (date) August 02 , 20 12 , Defendant owes me the	•
misled, told I was going to receive something that I did not receive. I specifica	ally stated that I did not want a plate in my month. I paid for the "flip" and then
received a plate. I was shown no pictures, just manipulated into the extraction	and then received the plate that I specifically stated I did not want. The tooth
was already extracted. I went to another dentist who did a wonderful job on an	other tooth that this d <del>untist</del> same deutest said was also hopeless and needed to
be extracted. She did an amazing job of saving the tooth. That is when I realize	d I had been manipulated . I never smile and I never wear the plate.
Defendant resides and/or does business at Keaau Family Health Cen	ter, Keaau, Hawaii, 96749
	in the State of Hawai'i.
Plaintiff asks for a judgment in the principal amount of \$ In addition, Plaintiff asks for an award of interest, costs and fees as de	
DECLA	ARATION
	THAT I HAVE STATED ABOVE IS TRUE AND CORRECT.
Signature of Declarant:	Hensley
Date: 7/14 Print/Type Name: Dianne Estelle Her	
	I certify that this is a full, true and correct copy of the original on file in this office.
	Allecaras
·	Clerk, District Court of the Above Circuit, State of Hawai'i

Treatment Plan

Patient: Dianne E. Hensley

Birthdate: 04/10/1953

Chart #: HE0310

Date: 01/15/2014

SS#:

Provider: Jonathan Mah D.D.S.

Phone: (808)959-3433

Office: 111 E.Pualnako St., Ste.A-104

Hilo, HI 96720

cost of replacing tooth.

Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins
7			Hawaii State Excise Tax	200,01	200.01	0.00	0.00
?	3		Retainer crn-porc fused-hi nob	1200,00	1200.00	0.00	0.00
?	4		Pontic-porc fused to high noble	1200.00	1200.00	0.00	0.00
?	5		Pontic-porc fused to high noble	1200.00	1200.00	0.00	0.00
?	6		Retainer crn-porc fused-hi nob	1200,00	1200.00	0.00	0,00
			Sub To	otal: 5000.01	5000.01	0.00	0.00

\*GITGE DEEP SWEEP FLOSS

Treatment Plan Total	5,000.01
Estimated Deductible to be Applied	0.00
Estimated Insurance Payment	0.00
Estimated Patient's Portion	5,000.01

\*COPY

Dental Insurance Benefits		Patient			
		Primary	Secondary		
Annual Plan Benefits			0.00		
Paid Benefits YTD		0.00	0.00		
Pending Insurance Est. YTD		0.00	0.00		
Est. Benefits Remaining	g YTD 🔭		. 0.00		
Benefits Expire	•	12/31/14			
Deductible Owed YTD	Standard	0.00	0.00		
	Preventive	0.00	0.00		
	Other	0.00	0.00		
Primary Dental Insurance:		HMSA Medicaid-Cyrca Do	ental		

\*\*\* DUE TO 2013 FEE INCREASES ALL TREATMENT ESTIMATES PROVIDED IN 2012 WILL NOT CARRY OVER TO 2013. \*\*\*

Procedures and fees can change without prior notification. This is just an ESTIMATED patient portion. It will be your responsibility to compensate accordingly. You will be expected to pay your deductible and co-payment at the time of service.

We will file with your insurance provider for available benefits. If your insurance provider denies payment or pays less than the estimated portion, you are responsible for the balance.

PLEASE NOTE THAT ALL PAYMENTS ARE COLLECTED IN FULL AT THE TIME OF SERVICE.

PAYMENT BY CHECK\*\*You authorize us to effect automatic payment from your account. Should this result in a "Failed Transaction" your account will be charged a \$30.00 service fee.\*\*

Transaction you about this be charged a 400.00 detrocted.	
Patient/Guardian Signature:	
Date: Staff Initi	als: XC()

		NOTIC	E				
	TO Doctor Oakley						
	This Statement of Claim will be heard by a Judge at the address checked below on						
	MONDAY	, August	4	_ 20 14	at 8:30	<u></u> m.	
	YOU MUST BE PRESENT ON TH	IS TRIAL DATE TO AVO	OID JUDGM	IENT BY I	DEFAULT.		
		COURT ADI	ORESS				
	North & South Hilo Division	777 Kilauea Avenue,	2nd Floor, H	lilo, Hawa	i'i 96720-4212		
X	Puna Division	777 Kilauea Avenue,	2nd Floor, H	lilo, Hawa	iʻi 96720-4212		
	2 (71 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	79-1020 Haukapila St		ekua, Hav	vai'i 96750		
	Ka'ü Division - To be heard at No						
	,	Kona: 79-1020 Hauka				50	
	South Kohala Division	67-5187 Kamamalu S		ela, Hawa	i'i 96743		
	Hāmākua Division - To be heard				o.ca.10		
_		67-5187 Karnamalu S		iela, Hawa	11 96/43	•	
L	North Kohala Division - To be he			********	:4: 06742		
		67-5187 Kamamalu S					
		for the court: 3 777 F					
	79-1020 Haukapila Street, Ke	alakekua, Hawai 1 907.	07-310	7 Kamam	atti Sucot, Kain	ucia, Hawai 1 30743	
	If you have witnesses, or docum	nents related to this cl	aim, you sl	ould brin	g them with yo	ou to trial.	
	If you wish to subpoena witnesses for trial, contact the clerk as soon as possible before trial.						
	You may come with or without an attorney.						
	A Small Claims case cannot be transferred to the Regular Claims Division unless the Plaintiff agrees to the transfer and the Regular Claims filing fee is paid to the Court.						
	If a counterclaim is for more the and the case will be transferred		arty may d	emand a j	ury trial, pay t	he jury demand fee,	
	You have NO RIGHT TO API	PEAL from a judgme	nt of the Sr	nall Clain	ns Division.		
	IF YOU DO NOT APPEAR AN DEFAULT JUDGMENT MAY IN THIS STATEMENT OF CL	BE ENTERED AGA	E DATE A AINST YO	ND TIM U FOR T	E STATED A 'HE AMOUN'	BOVE, A TS REQUESTED	
***	Clerk D. MACANAS (SI	EAL)					
	This notice shall not be personall public, unless the court permits,	y delivered between I in writing on this notic	0:00 p.m. ce, persona	and 6:00 l delivery	a.m. on premis during those h	es not open to the nours.	
E	In accordance with the Americans w your disability when working with a co 961-7424, FAX 961-7411, OR TTY 96	ourt program, service, or activ	rity please con	tact the Distr	ict Court Administr	ation Office at PHONE NO.	